

UPR/F169
R 05/93

State of Louisiana
Office of State Uniform Payroll
VARIABLE TRANSACTION CORRECTION CONFIRMATION

CT# _____ CT NAME _____.

Pay Period Corrected: ____/____/____ - ____/____/____.

Return completed form to:
Assistant Director
Office of State Uniform Payroll
P.O. Box 94095, Capital Station
Baton Rouge, LA 70804-9095

PRN NAME	PRN	SECT	UNIT

REASON FOR REQUEST: _____

Requests must be phoned in to UPS Data Control Manager by 2:30 p.m. on afternoon of Time File close.

PREPARED BY _____ TITLE _____ DATE _____

DEPT. APPROVAL _____ TITLE _____ DATE _____